

Cumberland County
Title VI Enforcement

If you believe that you have received discriminatory treatment by Cumberland County government or its agencies on the basis of your race, color or national origin, you have the right to file a complaint no later than 180 calendar days of the alleged discriminatory incident.

File your complaint using the form below and send it to:

Dr. Joseph L. Rossi
Title VI Coordinator
Human Resources Department
Cumberland County Government
790 E. Commerce St.
Bridgeton, N.J. 08302

Verbal complaints will be accepted by calling the Title VI Coordinator at 856-453-2120.

You have the right to file a complaint with an external entity such as the Department of Transportation (DOT), a federal or state agency, or a federal or state court. Should a complaint be filed with Cumberland County and an external entity simultaneously, the external complaint shall supersede and the County's procedures will be suspended pending the external findings.

Within 10 working days of receipt of the formal complaint, the Title VI Coordinator will notify the complainant and begin an investigation which will address any County department(s) and may include discussion(s) of the complaint with all affected parties to determine the problem. The complainant may be represented by any representative of his/her choosing and may bring witnesses and present testimony and evidence.

The investigation will be conducted and completed within 60 days of the receipt of the formal complaint. Based upon all the information received, an investigation report will be written by the Title VI Coordinator for submittal to the County Administrator.

The complainant will receive a letter stating the final decision of the County Administrator by the 60-day limit. The complainant shall be notified of his/her right to appeal. Appeals can be made to the DOT, the EEOC or any agency the complainant feels necessary.

Cumberland County
Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

The following information is necessary to process your complaint.

1. Complainant’s Name _____

2. Address _____

3. City, State and Zip Code _____

4. Phone Number (Day) _____ (Cell) _____

5. Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City, State and Zip Code _____

6. Which of the following best describes the reason you believe the discrimination took place?

Your: a. Race/Color _____ b. National Origin _____

7. On what date did the alleged discrimination take place? _____

8. Describe the alleged discrimination. What happened and whom do you believe was responsible? Please use the back of this form if additional space is required.

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? _____ Yes _____ No

If yes, check all that apply:

____ Federal agency ____ Federal court ____ State agency ____ State court ____ Local agency

10. Please provide contact person information at the agency/court where the complaint was filed.

Name _____ Phone # _____

Address _____

City, State, and Zip Code _____

11. Please sign below. You may attach materials or other information relevant to your complaint.

Complainant's Signature

Date